Town of Lamoine Application for Outside Agency Funding Submission Deadline November 30, 2019

| Organization Name | | |
|--|---|--|
| Mailing Address | | |
| City, State, Zip | | |
| Contact Person | | |
| Telephone Number(s) | | |
| E-mail address | | |
| Tax Identification Number | | |
| Amount of Funding Sought (limit \$700*) | | |
| Date of Application | | |
| Please provide the following information (use separate sheet or submit additional materials if necessary): | | |
| Outline the services to be provided to the residents of Lamoine for the fiscal year (July through June) in which the funds are sought. | | |
| 2. State the General Purpose of you | r organization | |
| 3. Outline other fundraising efforts by | y your organization | |
| 4. Please attach a copy of your orga | nization's most recent operating budget | |
| You may send other supporting material with this request. The Town of Lamoine makes no guarantee that any organization will be funded. | | |
| I certify that the above and attached info the best of my knowledge. | ormation about my organization is true to | |
| Signature | Date | |
| Printed Name | | |

| For Town of Lamoine Use O | only |
|---|---|
| Date Application Received | |
| Application Reviewed By | |
| Application is com | nplete incomplete does not meet policy criteria |
| Application is forwarded to Budget Committee for recommendation | |
| For | warded to Selectmen for inclusion in Town Meeting Warrant |
| Rej | ected (reason) |
| Recommended Funding Lev | vel: Budget Committee: |
| | Selectmen |

*Limit does not apply to library & recreation services